

**County of Los Angeles - Department of Mental Health**

**Quality Improvement Work Plan Implementation Status Report  
December 2013**

**Prepared by: Program Support Bureau, Quality Improvement Division**

**NAME OF REPORT:**

LACDMH ANNUAL BENEFICIARY GRIEVANCES and APPEALS REPORT FY 2012-13

**QUALITY IMPROVEMENT IMPLEMENTATION STATUS REPORT**

LACDMH Policy and Procedure 202.29, Beneficiary Problem Resolution Process, was established to “ensure that a Medi-Cal beneficiary’s grievances with the Department of Mental Health (DMH) Specialty Mental Health Services are addressed in a sensitive, timely, appropriate, and culturally competent manner” (LACDMH Policy and Procedure 202.29, Section 1.1). This is in compliance with CFR, Title 42, Chapter IV, Part 438, Section 438.402, 438.406, 438.408, 438.420 and CCR, Title 9, Chapter 11, Section 1850.205, 1850.206, 1850.207, 1850.208, and 1850.215.

The LACDMH Patients’ Rights Office (PRO) is required to provide a report to the Department of Health Care Services (DHCS) summarizing system-wide Grievances, Appeals, Expedited Appeals and State Fair Hearings by type, subject areas established by the Department, and disposition for the prior fiscal year. This is in compliance with CCR, Title 9, Chapter 11, 1810.375, (a). The Quality Improvement Division is responsible to conduct monitoring activities of these subject areas. This is in compliance with CCR, Title 9, Chapter 11, 1810.440, (a) (5).

The MHP shall insure “procedures by which issues identified as a result of the grievance, appeal or expedited appeal processes are transmitted to the MHP's Quality Improvement Committee (QIC), the MHP's administration or another appropriate body within the MHP organization” as required by CCR, Title 9, Chapter 11, Section 1810.440 (a) (5). This is in accordance with CCR, Title 9, Chapter 11, Section 1850.205, (c) (7).

The Patients’ Rights Office (PRO) uses the following seven reporting categories to report LACDMH Beneficiary Grievances and Appeals: Access, Termination of Services, Denied Services, Change of Provider, Quality of Care, Confidentiality and Other.

## Summary of Findings

**TABLE 1: INPATIENT AND OUTPATIENT  
GRIEVANCES  
FY 09-10 TO FY 12-13**

Type of Service	FY 09-10	FY 10-11	FY 11-12	FY 12-13
<b>Outpatient</b>	98	70	138	141
Percent	17.5%	17.5%	20.8%	22.0%
<b>Inpatient</b>	461	330	527	500
Percent	82.5%	82.5%	79.2%	78.0%
<b>Total</b>	559	400	665	641
Percent	100.0%	100.0%	100.0%	100.0%

Data Source: Annual Patients' Rights Office Report to State Department of Health Care Services submitted in October each year.

Table 1 shows a total of 641 Inpatient and Outpatient Grievances/Appeals in FY 12-13. 141 or 22.0% of these are Outpatient and 500 or 78.0% are Inpatient. This compares to total of 665 Inpatient and Outpatient Grievances/Appeals in FY 11-12, 138 or 20.8% of which are Outpatient and 527 or 79.2% are Inpatient. In FY 10-11 there were a total of 400 Inpatient and Outpatient Grievances/Appeals, 70 or 17.5% of which were Outpatient facilities and 330 or 82.5% were Inpatient facilities. In FY 09-10 there were a total of 559 Grievances/Appeals of which 98 or 17.5% were Outpatient and 461 or 82.5% were Inpatient.

**TABLE 2: NUMBER OF OUTPATIENT GRIEVANCES  
BY CATEGORY  
FY 09-10 TO FY 12-13**

Category	FY 09-10	FY 10-11	FY 11-12	FY 12-13
<b>Quality of Care</b>	65	38	101	71
<b>Access</b>	0	0	9	22
<b>Termination of Services</b>	12	6	1	22
<b>Denied Services</b>	4	6	0	5
<b>Change of Provider</b>	2	3	6	4
<b>Confidentiality</b>	3	2	3	2
<b>Other</b>	12	15	18	15
<b>Total</b>	98	70	138	141

Data Source: Annual Patients' Rights Office Report to State Department of Health Care Services submitted in October each year.

Table 2 shows that the Quality of Care Category is the highest category in FY 09-10, FY 10-11, FY 11-12, and FY12-13. Table 2 also shows a total number of Quality of

Care Outpatient Grievances/Appeals in FY 12-13 was 71 compared to 101 in FY 11-12, 38 in FY 10-11, and 65 in FY 09-10.

**TABLE 3: OUTPATIENT GRIEVANCES  
FOR THE CATEGORY OF QUALITY OF CARE  
FY 09-10 TO FY 12-13**

Quality of Care Subcategories	FY 09-10	FY 10-11	FY 11-12	FY 12-13
<b>Provider Relations</b>	26	23	64	53
Percent	40.0%	60.5%	63.4%	74.6%
<b>Medication</b>	13	10	16	13
Percent	20.0%	26.3%	15.8%	18.3%
<b>Discharge/Transfer</b>	1	0	1	0
Percent	1.5%	0.0%	1.0%	0.0%
<b>Patient's Rights Materials</b>	0	1	5	0
Percent	0.0%	2.6%	5.0%	0.0%
<b>Treatment Concerns</b>	18	1	4	1
Percent	27.7%	2.6%	4.0%	1.41%
<b>Quality of Care</b>	0	1	1	1
Percent	0.0%	2.6%	1.0%	1.41%
<b>Abuse-Verbal</b>	*	*	1	1
Percent			1.0%	1.41%
<b>Abuse-Physical</b>	*	*	3	2
Percent			3.0%	2.82%
<b>Abuse-Sexual</b>	*	*	1	0
Percent			1.0%	0.0%
<b>Abuse-Physical, Sexual, Verbal</b>	5	0	N/A	3
Percent	7.7%	0.0%		
<b>Delayed Services</b>	2	0	2	0
Percent	3.1%	0.0%	2.0%	0.0%
<b>Referrals</b>	0	N/A	N/A	N/A
Percent	0.0%			
<b>Treatment Disagreement</b>	0	2	N/A	N/A
Percent	0.0%	5.3%		
<b>Reduction of Service</b>	0	N/A	3	0
Percent	0.0%		3.0%	0.0%
<b>Total</b>	65	38	101	71
Percent	100.0%	100.0%	100.0%	100.0%

\*Abuse was not broken out by category in FY 09-10 and FY 10-11.

Data Source: Annual Patients' Rights' Office Report to State Department of Health Care Services submitted in October each year.

Table 3 shows that to enhance data accuracy, PRO has expanded the "Quality of Care" category to include the following subcategories: Provider Relations, Medication, Discharge/Transfer, Patients' Rights Materials, Treatment

Concerns, Delayed Services, Abuse, Referrals, Treatment Disagreement, and Reduction of Services.

Table 3 also shows that in FY12-13 the highest number of Outpatient Grievances/Appeals within the Quality of Care category was for Provider Relations at 53 or 74.6%, compared to 64 or 63.4% in FY 11-12, 23 or 60.5% in FY 10-11 and compared to 26 or 40.0% in FY 09-10. In FY 12-13 and in FY 11-12 the Abuse Grievance category was broken down into verbal, physical and sexual subcategories.

**TABLE 4: OUTPATIENT GRIEVANCES  
FOR THE CATEGORY OF OTHER  
FY 09-10 TO FY 12-13**

Other Subcategories	FY 09-10	FY 10-11	FY 11-12	FY 12-13
<b>Housing</b>	7	2	12	9
Percent	58.3%	13.3%	66.7%	60.0%
<b>Lost/Stolen Belongings</b>	2	0	1	0
Percent	16.7%	0.0%	5.6%	0.0%
<b>Visitors</b>	0	0	0	1
Percent	0.0%	0.0%	0.0%	6.67%
<b>Smoking</b>	0	0	0	0
Percent	0.0%	0.0%	0.0%	0.0%
<b>Social Security</b>	0	0	0	0
Percent	0.0%	0.0%	0.0%	0.0%
<b>Legal</b>	0	1	2	0
Percent	0.0%	6.7%	11.1%	0.0%
<b>Money/Funding/ Billing</b>	2	4	3	2
Percent	16.7%	26.7%	16.7%	13.33%
<b>Use of Phone</b>	1	1	0	0
Percent	8.3%	6.7%	0.0%	0.0%
<b>Non-HIPAA Concerns</b>	0	0	0	1
Percent	0.0%	0.0%	0.0%	6.67%
<b>Non-provider Concerns</b>	0	1	0	1
Percent	0.0%	6.7%	0.0%	6.67%
<b>Clothing</b>	0	0	0	1
Percent	0.0%	0.0%	0.0%	6.67%
<b>Miscellaneous</b>	0	6	0	0
Percent	0.0%	40.0%	0.0%	0.0%
<b>Total</b>	12	15	18	15
Percent	100.0%	100.0%	100.0%	100.0

Data Source: Annual Patients' Rights Office Report to State Department of Health Care Services submitted in October each year.

Table 4 shows that PRO has expanded the "Other" category to include the following subcategories: Housing, Lost/Stolen Belongings, Social Security, Smoking, Legal,

Money/Funding/Billing, Use of Phone, Non-Provider Concerns, Medi-Cal, and Miscellaneous

Table 4 shows the number of outpatient grievances was higher for the subcategory of Housing than other subcategories for the past four fiscal years except FY 10-11.

**TABLE 5A: INPATIENT AND OUTPATIENT GRIEVANCES AND APPEALS BY LEVEL AND DISPOSITION FY 09-10**

CATEGORY	LEVEL					DISPOSITION		
	Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
<b>Access</b>	0	0	0	0	0	0	0	0
Percent	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<b>Termination of Services</b>	11	2	0	0	0	0	13	0
Percent	2.0%	40.0%	0.0%	0.0%	0.0%	0.0%	2.0%	0.0%
<b>Denied Services (NOA- A Assessment)</b>	0	0	0	5	0	0	5	0
Percent	0.0%	0.0%	0.0%	33.0%	0.0%	0.0%	1.0%	0.0%
<b>Change of Provider</b>	5	0	0	0	0	0	5	0
Percent	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%
<b>Quality of Care</b>	431	2	0	5	0	0	438	0
Percent	80.0%	40.0%	0.0%	33.0%	0.0%	0.0%	78.0%	0.0%
<b>Confidentiality</b>	12	1	0	2	0	1	14	0
Percent	2.0%	20.0%	0.0%	13.0%	0.0%	100.0%	3.0%	0.0%
<b>Other</b>	80	0	0	3	0	0	83	0
Percent	15.0%	0.0%	0.0%	20.0%	0.0%	0.0%	15.0%	0.0%
<b>Total</b>	539	5	0	15	0	1	558	0
Percent	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	100.0%	0.0%

Inpatient And Outpatient Grievances And Appeals By Level And Disposition, Tables 5A, 5B, 5C, and 5D show trending data for FY 09-10, FY 10-11, FY 11-12, and FY 12-13. Tables 5A, 5B, 5C, and 5D also show the data by the seven (7) major categories of: Access, Termination of Services, Denied Services (NOA-A), Change of Provider, Quality of Care, Confidentiality, and Other.

Table 5A, Inpatient And Outpatient Grievances And Appeals By Level And Disposition FY 09-10, shows a total of 539 grievances. The highest number of grievances was for Quality of Care at 431 or 80.0% followed by Other at 80 or 15.0%, Confidentiality at 12 or 2.0%, Termination of Services at 11 or 2.0%, and Change of Provider at 5 or 1.0%. Table 5A also shows the number of Appeals for both Termination of Services and for Quality of Care was at 2 or 40.0%, and at 1 or 20% for Confidentiality. There were no Expedited Appeals in FY 09-10. The number of State Fair Hearings in FY 09-10 was 5 or 33% for both Denied Services (NOA-A) and for Quality of Care, 3 or 20.0% for Other, and 2 or 13.0% for Confidentiality. There were no Expedited State Fair Hearings in FY 09-10.

Table 5A also shows the Disposition for Appeals and Grievances. There were a total of 558 Grievances and Appeals Resolved including: Quality of Care at 438 or 78.0%, Other at 83 or 15%, Confidentiality at 14 or 3.0%, Termination of Services at 13 or 2.0%, Denied Service (NOA-A) at 5 or 1.0%, and Change of Provider at 5 or 1.0%. Confidentiality was at 1 or 100% Referred Out.

There were no Grievances and Appeals Pending in FY 09-10.

**TABLE 5B: INPATIENT AND OUTPATIENT GRIEVANCES AND  
APPEALS BY LEVEL AND DISPOSITION  
FY 10-11**

CATEGORY	LEVEL					DISPOSITION		
	Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
<b>Access</b>	0	0	0	0	0	0	0	0
Percent	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<b>Termination of Services</b>	4	1	0	1	0	0	6	0
Percent	1.0%	100.0%	0.0%	10.0%	0.0%	0.0%	2.0%	0.0%
<b>Denied Services (NOA- A Assessment)</b>	3	0	0	3	0	0	6	0
Percent	1.0%	0.0%	0.0%	30.0%	0.0%	0.0%	2.0%	0.0%
<b>Change of Provider</b>	3	0	0	0	0	0	3	0
Percent	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%
<b>Quality of Care</b>	328	0	0	0	0	0	328	0
Percent	84.0%	0.0%	0.0%	0.0%	0.0%	0.0%	82.0%	0.0%
<b>Confidentiality</b>	9	0	0	0	0	1	8	0
Percent	2.0%	0.0%	0.0%	0.0%	0.0%	100.0%	2.0%	0.0%
<b>Other</b>	42	0	0	6	0	0	48	0
Percent	11.0%	0.0%	0.0%	60.0%	0.0%	0.0%	12.0%	0.0%
<b>Total</b>	389	1	0	10	0	1	399	0
Percent	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	100.0%	0.0%

Table 5B, Inpatient And Outpatient Grievances And Appeals By Level And Disposition FY 10-11, shows a total of 389 Grievances. The highest number of grievances was for Quality of Care at 328 or 84.0%. The next highest category was for Other at 42 or 11.0%, followed by Confidentiality at 9 or 2.0%, Termination of Services (NOA-A) at 4 or 1.0%, and Denied Services and Change of Provider both at 3 or 1.0%.

Table 5B also shows the total number of Appeals was 1 or 100% for Termination of Services. There were no Expedited Appeals in FY 10-11. There were 10 State Fair Hearings including: Other at 6 or 60.0%, Denied Services (NOA-A) at 3 or 30.0% and Termination of Services at 1 or 10.0%. There were no Expedited State Fair Hearings in FY 10-11.

Table 5B shows the Disposition of each Grievance or Appeal. There were a total of 399 Grievances/Appeals Resolved including: 6 or 2.0% for both Termination of Services and Denied Services (NOA-A), 3 or 1.0% for Change of Provider, 328 or 82.0% for Quality of Care, 8 or 2.0% for Confidentiality, and 48 or 12.0% for Other. Confidentiality had 1 or 100% referred out.

There were no Grievances and Appeals Pending in FY 10-11.

**TABLE 5C: INPATIENT AND OUTPATIENT GRIEVANCES AND  
APPEALS BY LEVEL AND DISPOSITION  
FY 11-12**

CATEGORY	LEVEL					DISPOSITION		
	Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Resolved	Referred Out	Still Pending
<b>Access</b>	21	0	0	0	0	0	21	0
Percent	3.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	0.0%
<b>Termination of Services</b>	1	1	0	0	0	0	1	0
Percent	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<b>Denied Services (NOA- A Assessment)</b>	0	0	0	0	0	0	0	0
Percent	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<b>Change of Provider</b>	10	0	0	0	0	0	10	0
Percent	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%	0.0%
<b>Quality of Care</b>	534	0	0	0	0	16	518	0
Percent	80.0%	0.0%	0.0%	0.0%	0.0%	59.0%	81.0%	0.0%
<b>Confidentiality</b>	10	0	0	0	0	8	2	0
Percent	2.0%	0.0%	0.0%	0.0%	0.0%	30.0%	0.0%	0.0%
<b>Other</b>	89	0	0	0	0	3	86	0
Percent	13.0%	0.0%	0.0%	0.0%	0.0%	11.0%	14.0%	0.0%
<b>Total</b>	665	1	0	0	0	27	638	0
Percent	100.0%	100.0%	0.0%	0.0%	0.0%	100.0%	100.0%	0.0%

Table 5C, Inpatient And Outpatient Grievances And Appeals By Level And Disposition FY 11-12, shows a total of 665 Grievances. The highest number of Grievances was for Quality of Care at 534 or 80.0%. The next highest category was for Other at 89 or 13.0% followed by Access at 21 or 3.0%, both Change of Provider and Confidentiality at 10 or 2.0%, Termination of Services at 1 or 0.0%, and Denied Services (NOA-A) at 0 or 0.0%.



The total number of Appeals for FY 11-12 was 1 or 100 % for Termination of Services. There were no Expedited Appeals, no State Fair Hearings and no Expedited State Fair Hearings in FY 11-12.

Table 5C also shows the Inpatient and Outpatient Grievances and Appeals by the Disposition of Appeal or Grievance. Disposition of Appeals and Grievances totaled 638 Resolved including: 518 or 81% of Quality of Care, 86 or 14.0% of Other, 21 or 3.0% of Access, 10 or 2.0% of Change of Provider, 2 or 0.0% of Confidentiality, and 1 or 0.0% of Termination of Services. There were a total of 27 of all Grievances/Appeals Referred Out including: Quality of Care at 16 or 59.0%, Confidentiality at 8 or 30.0% and Other at 3 or 11.0%.

There were no Grievances/Appeals Pending in FY 11-12.

**TABLE 5D: INPATIENT AND OUTPATIENT GRIEVANCES AND  
APPEALS BY LEVEL AND DISPOSITION  
FY 12-13**

CATEGORY	LEVEL					DISPOSITION		
	Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
<b>Access</b>	5	3	0	15	0	0	23	0
Percent	0.833%	100.0%	0.0%	100.0%	0.0%	0.0%	3.76%	0.0%
<b>Termination of Services</b>	0	0	0	0	0	0	0	0
Percent	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<b>Denied Services (NOA- A Assessment)</b>	5	0	0	0	0	0	5	0
Percent	0.833%	0.0%	0.0%	0.0%	0.0%	0.0%	0.82%	0.0%
<b>Change of Provider</b>	5	0	0	0	0	0	5	0
Percent	0.833%	0.0%	0.0%	0.0%	0.0%	0.0%	0.82%	0.0%
<b>Quality of Care</b>	494	0	0	0	0	6	488	0
Percent	82.33%	0.0%	0.0%	0.0%	0.0%	0.98%	79.73%	0.0%
<b>Confidentiality</b>	6	0	0	0	0	0	6	0
Percent	0.01%	0.0%	0.0%	0.0%	0.0%	0.0%	0.98%	0.0%
<b>Other</b>	85	0	0	0	0	0	85	0
Percent	14.16%	0.0%	0.0%	0.0%	0.0%	0.0%	13.89%	0.0%
<b>Total</b>	600	3	0	15	0	6	612	0
Percent	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	100.0%	0.0%

Table 5D, Inpatient And Outpatient Grievances And Appeals By Level And Disposition FY 12-13, shows a total of 618 Grievances. The highest number of Grievances was for Quality of Care at 494 or 82.33%. The next highest category was for Other at 85 or 14.16%. Access, Change of Provider and Denied Services (NOA-A) were at 5 or 0.833%, Termination of Services at 0 or 0.00%.

The total number of Appeals for FY 12-13 were 3 or 100 % for Access. There were no Expedited Appeals. There were 15 or 100% State Fair Hearings for Access and no Expedited State Fair Hearings in FY 12-13.

Table 5D also shows the Inpatient and Outpatient Grievances and Appeals by the Disposition of each Appeal or Grievance. Disposition of Categories totaled 612 Resolved including: 488 or 79.73% of Quality of Care, 85 or 13.89% of Other, 23 or 3.76% for Access, 6 or 0.98% for Confidentiality, 5 each or 0.82% for Change of Provider and Denied Services (NOA-A) There were a total of 27 of all Grievances/Appeals Referred Out including: Quality of Care at 16 or 59.0%, Confidentiality at 8 or 30.0% and Other at 3 or 11.0%.

There were no Grievances/Appeals Pending in FY 12-13.

### Conclusions/Recommendations

1. QID and PRO will continue to explore with Chief Information Office Bureau (CIOB) approaches to accurately capture data for enhancing this report.
2. QID will collaborate with PRO in considering how the recording of Grievances and Appeals can be improved. For example, further analysis of dispositions and their timely completion.
3. QID will continue to provide this report to the Service Area Quality Improvement Committees so they may review, monitor for trends and seek opportunities for improvement.